

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 29636
30-025-2936

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
CHISOS OPERATING, INC.

3. Address of Operator
P. O. Box 10865, Midland, Texas 79702

4. Well Location
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line
Section 15 Township 17S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3748'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Completion Operations ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7/17 to 8/17/90 PBTD 8861'. Ran GR-CNL Log from 8861' to 6650'. Ran Cmt. bond log from 8650'-7800'. TOC @ 7880'. Perf. w/1 SPF @ 8580-84' and 8523'-8546'. Acidized with 500 gals. mud acid. Re-acidized w/2000 gals. 15% NE FE Acid w/ball sealers. Frac'd perfs. 8523-8584' w/7500 gals. of gelled acid. Swabbed back load. Temporarily Abandoned. Preparing to plug and abandon.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ron Gilbreath TITLE Vice President-Operations DATE 8/21/90

TYPE OR PRINT NAME Ron Gilbreath (915) 686-9466 TELEPHONE NO.

(This space for State Use)

Orig.
Paul
Geologist

APPROVED BY _____ TITLE _____ DATE AUG 22 1990

CONDITIONS OF APPROVAL, IF ANY: